

HFS.Webmaster

From: ilext.moss.farm@illinois.gov
Sent: Friday, April 06, 2012 4:41 PM
To: HFS.Webmaster
Subject: Feedback from Public Notices

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Comment: Heartland Alliance for Human Needs and Human Rights April 6, 2012 Director Julie Hamos Illinois Department of Health Care and Family Services 401 South Clinton Chicago, Illinois 60607 Re: Heartland Alliance Comments on the Cook County 1115 Waiver Application Dear Director Hamos, We write today to comment on the Illinois Department of Healthcare and Family Services (HFS) 1115 waiver application to the Centers for Medicare and Medicaid Services (CMS) for Cook County (“the waiver”). The waiver, if approved, has the potential to significantly improve access to comprehensive medical care for vulnerable populations in Cook County, including those experiencing homelessness, mental illness, substance abuse, HIV/AIDS, and the working poor. Heartland Alliance supports the approval of the waiver and believes it can help move Illinois towards a healthy fiscal solution to our current Medicaid challenges. As a multi-faceted health care provider that provides primary, oral, and mental health services as well as substance abuse services through Federally Qualified Health Centers (FQHCs) and school health centers, we see first-hand the needless hospitalizations, emergency room visits, or repeated tests that results from the existing patchwork of health care services available to vulnerable populations. The waiver presents an exciting opportunity to coordinate care and increase access to comprehensive medical services through a robust partnership between Cook County and community-based providers. To ensure the success of the County’s 1115 waiver application and ultimate implementation, we recommend the below revisions to further clarify and strengthen the County’s proposal. Given the aggressive timeline of the proposal and critical realities we face in Illinois, a regional safety-net health system must be in place to ensure better quality care, improved health outcomes, and lower costs. Population – Upon approval, the waiver will open up Medicaid eligibility for an estimated 250,000 adults in Cook County. This is a positive step in early implementation of Medicaid expansion under the Affordable Care Act (ACA) and will increase access to desperately needed primary, specialty, behavioral, oral, and substance abuse services for the poor and uninsured in Cook County. In order to ensure that this newly eligible population takes full advantage of the waiver, it is essential that CCHHS partner with community-based providers to perform education, outreach and enrollment activities. The application should reflect a commitment to these partnerships. Benefits – We recommend that required Medicaid benefits for the “newly eligible” under the waiver are as comprehensive as possible, and at a minimum, be consistent with benefits provided under traditional Medicaid. In order to encourage and incentivize use of preventative and disease management health care services among the uninsured, and therefore achieve the goal of improved health outcomes at a lower cost, the required benefits for the “newly eligible” population need to mirror what is currently covered under traditional Medicaid. Furthermore, utilizing traditional Medicaid benefits for the “newly eligible” will ensure continuity of service and treatment for current uninsured CCHHS patients and more streamlined administrative processes for provider partners of CCHHS. Regional Health Network – We applaud CCHHS’ commitment to deliver services

under the waiver through a regionally developed network using community-based provider partners to meet the needs of the poor and uninsured. While the waiver application squarely acknowledges that the CCHHS lacks the capacity alone to meet the primary, behavioral, and oral health needs of its current patient base and those who would be entering the system under the waiver, the application does not specify in sufficient detail how CCHHS will create the network of partners, nor does it identify the partners critical to meeting the need. The application should set forth the specific networks or organizations, engaged in the County's plans, proficient in health care delivery in the community, and able to ensure the range of community services needed to ensure capacity from the start. At minimum, the application should detail what partnerships will look like, and the minimum number of FQHC or primary care, specialty, mental health, substance use, and oral health care partners that will be included in CCHHS' network. Such robust partnerships are vital to ensuring that the CCHHS provider network is accessible to the target uninsured population. Finally, as HFS recognized in the waiver application, a state legislative and/or administrative rule change will be required to implement the waiver. We urge HFS and CCHHS to seek the input of community stakeholders, potential partners in the regional health network, and advocates as these legislative and/or regulatory changes are crafted and advanced. Again, we support the efforts of Cook County and appreciate the opportunity to submit comments. Please feel free to contact the Heartland Alliance with any comments or concerns. I can be reached directly at (312) 870-4947 or stuttle@heartlandalliance.org. Sincerely, Samantha Tuttle Director, Policy and Advocacy Heartland Alliance for Human Needs and Human Rights

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